U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6 4/4	2. Fiscal Year Covered From:		
	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Judith CAMERON	Name LOCAL 475 IVE - CWA		
	Labor Organization File Number 010-644		
P.O. Box, Bldg., Room No., if any POBOXITY, orangeloug NY 10	P.O. Box, Building and Room Number, if any		
Street 884 BELMONT AVE. APTIR	Street 629 FIFTH AVENUE		
City BROOKLYN	City PELHAM		
State NEWYORK ZIP Code +4 11208	State NEW YORK ZIP Code + 4 10803		
5. Position in labor organization.			
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the e A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organized.	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of years and the properties or is actively seeking to represent		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
s	ignature		
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information ranying documents), has been examined by the signatory and is, to the best of the exection on penalties in the instructions.)		
	,		
Signed Studith Canan	· on 08-09-05 914-738-6555		
(')	Date Telephone Number		

Name of Person Filing Judith CAMERON		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name LOCAL 475 HEALTH AND PENSION FUND					
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 629 FIFTH AVENUE	housed - Tree				
City PELHAM					
State NEWYORK ZIP Code + 4 10803					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	Br CF O.A.				
Trade Name, if any:		PARO FOR EDUCATIONAL			
P.O. Box, Bldg., Room No., if any	CONFERENCE EXPENSES.				
Street	11.b. Approximate dollar valu	ue of such dealing.			
City	12.a. Nature of interest hel				
State ZIP Code + 4	REGISTRATION, TRAVEL, HOTEL, MEALS				
	TRAnsportati	ion ect.			
	4				
	12.b. Amount.	\$8,425 ¯			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
	14.b. Amount of payment.	· , · ·			